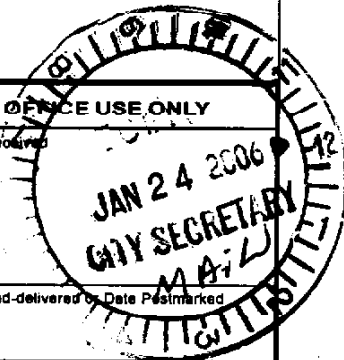


CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

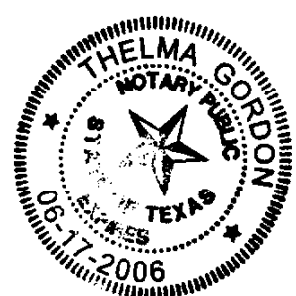
FORM COR-C/OH

1 ACCOUNT #		2 Total pages filed: <div style="text-align: center; font-size: 1.5em;">2</div>			
3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR <div style="text-align: center; font-size: 1.5em;">Mr</div>			
NICKNAME		FIRST <div style="text-align: center; font-size: 1.5em;">Brian</div>		Date Received	
LAST <div style="text-align: center; font-size: 1.5em;">Cweren</div>		SUFFIX <div style="text-align: center; font-size: 1.5em;">P</div>		Date Hand-delivered or Date Postmarked	
4 ORIGINAL REPORT TYPE		<input type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election		<input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input type="checkbox"/> Final report	
5 ORIGINAL PERIOD COVERED		Month Day Year 10 / 02 / 2005 THROUGH 10 / 30 / 2005		Receipt # Amount Legal Totals Date Processed Date Imaged	

6 EXPLANATION OF CORRECTION

one in-kind contribution was not reported. and was recently discovered

7 AFFIDAVIT

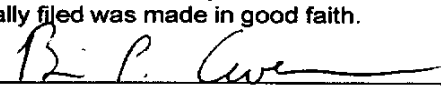


AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

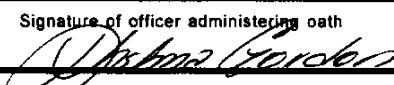
Check ONLY if applicable:

☒ I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.


 Signature of Candidate or Officeholder

Sworn to and subscribed before me by Brian P. Cweren this the 17 day of January

20 06 to certify which, witness my hand and seal of office.

Signature of officer administering oath 	Printed name of officer administering oath Thelma Gordon	Title of officer administering oath Notary
Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections		

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Brian Cwernen		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/20	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Fast Steady Express 6 Contributor address; City; State; Zip Code [REDACTED] Houston TX 77063	7 Amount of contribution (\$) 75.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			